2017-2019 Three-Year Plan

Tennessee Department of Mental Health and Substance Abuse Services

(Year Three – FY 2019)

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Division of Planning, Policy & Legislation

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Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)

Overview

TDMHSAS Vision:

To be one of the nation's most innovative and proactive state behavioral health authorities for Tennesseans dealing with mental health and substance abuse problems.

TDMHSAS Mission:

Provide, plan for, and promote a comprehensive array of quality prevention, early intervention, treatment, habilitation, and recovery support services for Tennesseans with mental illness and substance abuse issues.

TDMHSAS Goal: To expand access to quality behavioral health services to Tennesseans on the path to recovery from mental health, substance abuse, and co-occurring disorders.

TDMHSAS Customers:

Individuals and families struggling with mental health and substance abuse issues, providers, legislators, other state agencies, and consumer/advocacy groups.

TDMHSAS Services:

Education, prevention, treatment, licensing oversight for community organizations providing behavioral health services, outpatient and inpatient care, operation of regional mental health institutes, and research and public policy.

Public Safety Strategic Goal:

Lead in partnership with State agencies and community partners to prevent and treat the prescription drug abuse epidemic in Tennessee

Health and Welfare Operational Goals:

1. Actively work with RMHI leadership continuing efforts to improve outcomes for patient care while containing cost
2. Maintain and improve community mental health and substance abuse services
3. Educating Tennesseans and working to improve their understanding of mental health and substance abuse issues and getting people to early intervention services

Customer Focused Government Goals:

1. Efficient and effective management of the Regional Mental Health Institutes (RMHIs)
2. Maintain and improve community mental health and substance abuse services
3. Provide effective education and prevention services
4. Lead in partnership with state agencies and community partners to prevent and treat prescription drug abuse epidemic in Tennessee

Organization of the Department

Division of Administrative and Regulatory Services (DARS) oversees monitoring, information technology, general services, procurement, major maintenance, capital outlay projects, administrative oversight for the Regional Mental Health Institutes (RMHIs), licensing of all Tennessee agencies providing mental health, substance abuse, personal support services, and investigating complaints of abuse, neglect or fraud against licensed organizations.

Office of Fiscal Services oversees general accounting functions including accounts receivable and payable and interactions with state and federal funding sources.

Office of Research makes information about substance use and mental health available to stakeholders, policymakers, and TDMHSAS program divisions through data books available on the Department's website. Regional Planning and Policy Councils use this information to inform the Department's Needs Assessment. The Office of Research is responsible for compiling and reporting information about individuals receiving publicly-funded mental health services as a condition of the Mental Health Block Grant.

Division of Substance Abuse Services (DSAS) is responsible for planning, developing, administering, and evaluating a statewide system of prevention, treatment, and recovery support services for the general public, persons at risk for substance abuse, and persons abusing substances.

Division of Clinical Leadership (DCL) promotes high quality services through consultations, clinical oversight, education, the development and revision of clinical policies and best practice guidelines, and the advancement of research reviews.

Division of Planning, Policy, and Legislation (DPPL) coordinates departmental legislative and rulemaking activities, provides planning and support for the Statewide and Regional Planning and Policy Councils, and prepares the Mental Health Block Grant Application, SAMHSA Annual Report, Joint Annual Report to the Governor, Three-Year Plan, and the Annual Needs Assessment.

Division of Mental Health Services (DMHS) administers and supports a diverse array of services and supports for individuals of all ages living with mental illness, co-occurring disorders, and/or serious emotional disturbances. DMHS creates, expands, and oversees community-based programs and community support services including adults and children, housing, crisis services, suicide prevention and peer-to-peer recovery services.

Division of Hospital Services (DHS) provides oversight of operation of the four Regional Mental Health Institutes (RMHIs) and three private contracted hospitals in East Tennessee for administrative, quality management, program services, and nursing services.

Office of Forensics and Juvenile Court Services (OFJCS) provides oversight of forensic evaluations for adult and juvenile courts and mandatory outpatient treatment services.

Division of General Counsel (DGC) provides comprehensive legal support to the Department including legal and administrative proceedings, conducts internal investigations, reviews contracts for legal sufficiency and administratively processes them, and serves as the privacy officer and counsel for the Department. The General Counsel serves as the Department's chief legal advisor and the Assistant Commissioner overseeing the DGC.

Office of Human Resources (OHR) assists the Department of Mental Health and Substance Abuse Services (TDMHSAS) in obtaining and maintaining a workforce that is capable of fulfilling the Department's mission and objectives.

Office of Communications (OC) develops internal and external communication including the drafting, production, and distribution of news releases and statements to the media, publication of quarterly Department newsletters, and managing the Department's website.

Goal 1: Efficient and effective management of the RMHIs				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Hospital Services (DHS)	Provide efficient patient care by reducing available suitable accommodations (ASA) wait time occurrences for inpatient evaluation.	Continue to effectively implement ASA processes to accommodate 12,000 presentations at the RMHIs	< 1,000 delayed admissions at the RMHIs	Number of RMHI referrals subject to delayed admission will be fewer than 1,000
	Provide quality patient care	Percentage of individuals being readmitted to the same RMHI within 30 days of discharge will decrease	9.5% of individuals discharged being readmitted to the same RMHI within 30 days	Percentage of readmits to the same RMHI within 30 days of discharge will be less than or equal to 9.5%
	Improve patient satisfaction scores related to resolution of complaints and grievances at four RMHIs	Increase patient satisfaction survey scores related to resolution of patient complaints and grievances	86.5% of individuals completing a satisfaction survey will report satisfaction with the resolution of patient complaints and grievances	Percentage of individuals reporting satisfaction with resolution of complaints and grievances will be at least 86.5%
	Identify barriers to discharge	Overcome barriers associated with discharge from subacute units at RMHIs	300 subacute discharges by end of year	Number of discharges from subacute units across all RMHIs
	Statewide implementation of automated medication dispensing cabinets (AMDC) for a total of 24 cabinets	Modernization of medication dispensing for four RMHIs	One AMDC for each unit at each RMHI for a total of 23	Number of AMDC implemented for each unit at each RMHI
	Statewide implementation of an Electronic Clinical Record (ECR) at four RMHIs	Modernization of electronic charting and recordkeeping	ECR implemented at four RMHIs	Number of ECR implemented at four RMHIs
	Provide access to inpatient services for uninsured individuals in Regions 1&2	Serve uninsured individuals needing inpatient services within Regions 1&2	3,000 uninsured discharges from three contracted private hospitals in Regions 1&2	Number of uninsured discharges from three contracted private hospitals

Goal 1: Efficient and effective management of the RMHIs (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Office of Forensics and Juvenile Court Services (OFJCS)	Provide court ordered inpatient forensic evaluations and treatment services for defendants referred by outpatient evaluators	Provide inpatient forensic services in the least restrictive hospital setting	No more than 20% of all inpatient defendants will be admitted to the Forensic Services Program for inpatient forensic evaluation and treatment	Percentage of all inpatient defendants admitted to the Forensic Services Program for inpatient forensic evaluation and treatment
Office of Research	Create the State Hospital Readmission Report (SHR) with information about the clients served by RMHIs	Use the SHR to profile population, diagnostic and readmission trends for clients receiving services in state psychiatric hospitals	One SHR will be compiled and contain information for about 7,500 individuals receiving services in psychiatric hospitals operated by the Department	Number of State Hospital Readmission (SHR) Reports submitted to the Substance Abuse and Mental Health Services Administration by March 1
	Create standardized and ad hoc data briefs in collaboration with DHS to inform policy and practice	Prepare data briefs to illustrate trends and variations in admissions and discharges for psychiatric hospitals operated by or under contact with TDMHSAS	A minimum of 8 data dashboards will be generated	Number of dashboards generated for DHS

Goal 2: Maintain and improve community mental health and substance abuse services				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Planning, Policy, and Legislation (DPPL)	Provide technical assistance to support effective operation of Regional Councils	Effective operation of Regional Councils	Four quarterly conference calls or in-person meetings with the seven Regional Council Leadership Teams	Number of quarterly conference calls with the Regional Council Leadership Teams
	Identify mental health and substance abuse service needs and supports in the community through annual needs assessment	Statewide needs assessment will be conducted annually	One statewide needs assessment per year will be completed with the seven Regional Councils, Adult Committee, Children's Committee, and the Consumer Advisory Board	Number of statewide needs assessments per year

Goal 2: Maintain and improve community mental health and substance abuse services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Planning, Policy, and Legislation (DPPL)	Regional Councils will participate in at least one mental health and substance abuse awareness activity per year	Increase Regional Councils mental health and substance abuse awareness activities	Regional Councils will participate in at least one activity per year	Number of Regional Council mental health and substance awareness activities per year
	Provide technical assistance to department staff to help meet the outcomes identified in the Three-Year Plan	Increase the number of outcomes met for each division/office in the Three-Year Plan	Planning staff will meet with divisions/offices at least once before the February and August reports are due	Number of meetings held with divisions/offices per year prior to the Three-Year Plan Report due dates
	New members representing a senior and child will be added to each Regional Council as vacancies occur	Increase the number of senior and child member representatives on each Regional Council	One senior and child member representative will be added to each Regional Council as vacancies occur	Number of senior and child member representatives on each Regional Council
	New members representing a consumer and family member will be added to each Regional Council as vacancies occur	Increase the number of consumer and family member representatives on each Regional Council	One consumer and family member representative will be added to each Regional Council as vacancies occur	Number of consumer and family member representatives on each Regional Council
	Engage in rulemaking activity	Update the rule version of Tennessee's controlled substances schedules I, II, III, IV, and V	100% of the rules will be filed to update Tennessee's controlled substances schedules I, II, III, IV, and V	Percentage of rules filed to update Tennessee's controlled substance schedules I, II, III, IV, and V
	Monitor legislative session and update Commissioner and staff	Produce an annual summary of legislative activity ("Legislative Summary") from the current year's legislative session regarding subject matter related to TDMHSAS	100% of the Department's executive leadership team and RMHI chief officers	Percentage of the Department's executive leadership team members and RMHI chief officers who receive the Legislative Summary
Office of Research	Implementation of an integrated data warehouse to provide cross-division data to inform policy and practice	Develop a data governance plan describing how the data warehouse will automate federal reporting, standardize processes for data use and release across divisions, and define roles and decision rules for using the data warehouse	One annual Client Level Data (CLD) report combines information from DHS and DMHS.	Number of automated reports for federal Mental Health Block Grant reporting

Goal 2: Maintain and improve community mental health and substance abuse services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Office of Research	Conduct program evaluations that can be used to improve program quality in the community for mental health and substance abuse programs	Complete program evaluations for mental health and substance abuse programs in the community	Three program evaluations for TDMHSAS behavioral health programs will be completed	Number of program evaluations completed
	Complete two data reports called the Uniform Reporting System Tables (URS) and Basic Client Information (BCI) containing information about the characteristics of individuals receiving publically funded mental health services in Tennessee for SAMHSA	Generate URS and BCI data reports to comply with federal Mental Health Block Grant reporting requirements	Two data reports (URS and BCI) will be compiled and include information about individuals receiving publicly funded mental health services	Number of data reports submitted to SAMHSA
	Create data books and data briefs to compile information for policy makers, program directors and the public about key indicators of behavioral healthcare and services	Publish the data books and data briefs compiling information about indicators of community mental health and substance use as well as data trends and services	Complete two data books and 14 dashboards that will be made available to the public	Number of data books and number of dashboards accessible on the Department's website
Office of Forensics and Juvenile Court Services (OFJCS)	Provide court ordered forensic evaluations on an outpatient basis for courts statewide	Maximize the delivery of forensic services in the community rather than on an inpatient basis	77% of defendants a year statewide will be forensically evaluated on an outpatient basis without the need for forensic inpatient services	Percentage of outpatient forensic evaluations completed in the community without a referral for inpatient forensic services
	Provide mental health and substance abuse screening to improve access to services for youth in juvenile courts	Establish systematic screening for mental health and substance abuse needs of youth in juvenile courts	1,200 screenings will be conducted with the Juvenile Justice version of the Child and Adolescent Needs and Strengths (CANS) survey in Juvenile Courts across the state	Number of screenings conducted in Juvenile Courts statewide

Goal 2: Maintain and improve community mental health and substance abuse services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Mental Health Services (DMHS)	Provide recovery-focused, intensive, and customized care coordination services which support individuals transitioning from mental health institutes to the least restrictive, most integrated community setting appropriate to individual needs *	Tennessee Move Initiative will ensure individuals leaving mental health institutes transition to the least restrictive, most integrated community setting to maintain their living situation	75 individuals will receive recovery-focused, intensive, and customized care coordination services through the Tennessee Move Initiative	Number of individuals served by the Tennessee Move Initiative
	Provide and expand a continuum of community-based mental health services to individuals with Severe Mental Illness (SMI) and/or Co-Occurring Disorders (CODs)	Access to a continuum of high quality and effective community-based mental health services	360,000 individuals with SMI and/or CODs will be served in the public mental health system	Number of individuals with SMI and/or CODs served in the public mental health system
	Create additional housing opportunities and supports through Creating Homes Initiative (CHI) *	Facilitate development and maintenance of safe, affordable housing opportunities for people with history of mental illness	1,400 new or improved housing or supported living opportunities will be available through CHI	Number of new or improved housing or supported living opportunities available through CHI
	End homelessness for veterans, chronic homeless, homeless families, and other homeless individuals with mental illness and provide support that allows people experiencing mental illness to maintain stable housing *	Homeless veterans, chronically homeless, homeless families, and other people experiencing homelessness, or at risk, will be linked to permanent housing	375 homeless veterans, chronically homeless, and/or homeless families will be moved into permanent housing through Cooperative Agreement to Benefit Homeless Individuals (CABHI) and Projects for Assistance in the Transition from homelessness (PATH)	Number of homeless veterans, chronically homeless, and/or homeless families moved into permanent housing through CABHI and PATH
*Noted in the 2018 Needs Assessment Summary				

Goal 2: Maintain and improve community mental health and substance abuse services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Mental Health Services (DMHS)	Provide support that allows people experiencing mental illness to maintain stable housing through short-term financial support. Short term is Community Targeted Transitional Services (CTTS) and Inpatient Targeted Transitional Services (ITTS)	People experiencing mental illness will maintain stable housing through short-term financial support	4,000 individuals will receive short-term financial housing support through CTTS and ITTS	Number of individuals will receiving short-term financial housing support (CTTS and ITTS) as reported in the SAMHSA Homeless Management Information System
	Provide long-term financial support to housing facilities serving people with mental illness. Facility support is Community Supportive Housing (CSH), Intensive Long-term Support (ILS), Emerging Adults (EA), and Supportive Living (SL)	Housing facilities serving people with mental illness will be provided long-term financial support	1,300 people will be served in housing facilities receiving long-term support (CSH, ILS, EA, and SL)	Number of individuals being served in housing facilities receiving long-term financial support programs (CSH, ILS, EA, and SL)
	Improve the effectiveness of the Crisis Services Continuum network of services statewide	A statewide continuum of high quality and effective crisis services will be accessible by all individuals experiencing a mental health crisis	215,000 will receive services within the Crisis Services Continuum network statewide	Number of contacts linked to the following services: phone calls, mobile crisis, walk-in center, crisis respite, crisis stabilization units, and East TN Diversionary Services
	Reduce the number of suicides in Tennessee through the provision of enhanced follow-up services following a suicide crisis	Improve service linkage and continuity of care for individuals at risk of suicide	550 individuals will be enrolled in enhanced follow-up services following a suicidal crisis	Number of individuals enrolled in enhanced follow-up services following a suicidal crisis
	Eliminate disparities in services for uninsured adults in Tennessee, and in geographic and population areas (i.e. rural and ethnic populations)	Assist uninsured Tennesseans with serious mental illness so they can receive key services including assessment, evaluation, diagnostic, therapeutic intervention, case management, peer support services, psychosocial rehabilitation services, psychiatric medication management, labs related to medication management, and pharmacy assistance and coordination.	31,000 uninsured adults will be served in the Behavioral Health Safety Net of TN (BHSNTN)	Number of uninsured adults served by the BHSNTN

Goal 2: Maintain and improve community mental health and substance abuse services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Mental Health Services (DMHS)	Provide peer support services to patients in all state RMHIs by expanding the Peer Engagement Project from Middle Tennessee Mental Health Institute (MTMHI) to include Moccasin Bend Mental Health Institute (MBMHI), Western Mental Health Institute (WMHI), Memphis Mental Health Institute (MMHI), and four Crisis Stabilization Units (CSUs) *	Increase access to high quality and effective peer support services in four CSUs and RMHIs and reduce use of crisis services and hospitalization	7,000 people at CSUs or RMHIs will have received peer support services	Number of individuals receiving peer support services at CSUs and RMHIs
	Promote health and wellness self-management programming for individuals over 18 with serious mental illness, substance abuse diagnoses, and co-occurring disorders	Serve individuals through self-management workshops or one-on-one peer wellness coaching delivered by state-funded Peer Wellness Coaches	1,000 individuals will be served through self-management workshops or one-on-one peer wellness coaching delivered by state-funded Peer Wellness Coaches	Number of individuals served through self-management workshops or one-on-one peer wellness coaching delivered by state-funded Peer Wellness Coaches
	Provide and expand evidence-based employment services through the Individual Placement and Support (IPS) Supported Employment initiative for individuals over age 18 with SMI and/or CODs	The rate of employment for individuals with SMI and/or COD to increase through IPS Supported Employment	42% of individuals served through the IPS Supported Employment initiative will be employed at least one day	Number of individuals served through Individual Placement and Support Supported Employment initiative who are employed in competitive and integrated work for at least one day
*Noted in the 2018 Needs Assessment Summary	Provide early screening, assessment and referral for youth and young adults diagnosed with, or at risk of developing, Severe Mental Illness (SMI), Seriously Emotionally Disturbed (SED), or Co-Occurring Disorder (COD)	Healthy Transitions (HT) will provide youth and young adults with, or at risk of developing SMI, SED, or COD with age- and acuity-appropriate treatment and support services	20 youth and young adults with, or at risk of developing SMI, SED, or COD that will receive services through HT	Number of youth and young adults with, or at risk of developing SMI, SED, or COD served by HT program

Goal 2: Maintain and improve community mental health and substance abuse services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Mental Health Services (DMHS)	Provide evidence-based treatment and recovery support services for youth and young adults who have experienced first episode psychosis	First Episode Psychosis Initiative (FEPI) will ensure that youth and young adults who have experienced first episode psychosis receive treatment and recovery support services	50 youth and young adults will receive treatment and recovery support services through FEPI	Number of youth and young adults who have experienced first episode psychosis served by FEPI program
	Promote good mental health by increasing the number of individuals who self-report an increase in physical health behaviors	Increase physical health behaviors of individuals being served through community mental health services	450 individuals who self-report an increase in their physical health behaviors	Number of individuals who self-report an increase in their physical behaviors including healthy eating and physical activity
Division of Administrative and Regulatory Services (DARS)	Monitor licensed facilities to ensure compliance with licensing rules	Improved quality care and safer environments in licensed mental health and substance abuse facilities	2,000 licensing and oversight visits for mental health and substance abuse programs will be conducted	Number of licensing and oversight visits for mental health and substance abuse programs
	Work cooperatively with other state health and social service agencies to address allegations of abuse, neglect and mistreatment of service recipients	Improved and safer environments for service recipients	Two individuals will be referred for placement on Department of Health (DOH) Abuse Registry thereby prohibiting their working with vulnerable population	Number of individuals referred for placement on DOH Abuse Registry.
	Conduct a comprehensive review of licensure rules to identify recommended changes	Follows annual review of all licensure rules, recommend changes, as needed	Two licensure rules will be proposed for amendment	Number of licensure rules proposed for amendment
	Train licensure surveyors across all three regional offices on the use of the licensure database and policies for investigations and inspections	Training of all licensure surveyors across all three regional offices to ensure consistent application of licensure rules and procedures	100% of licensure surveyors will participate in training	Percentage of licensure surveyors participating in training
	Monitor department subrecipient agencies according to department's fiscal year monitoring schedule to ensure subrecipient agencies' compliance with fiscal requirements of department grant contracts	Subrecipient agencies compliance with fiscal, state and federal requirements of department grant contracts.	100% of scheduled agencies will be monitored	Percentage of subrecipient agencies on department plan monitored

Goal 2: Maintain and improve community mental health and substance abuse services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Administrative and Regulatory Services (DARS)	Provide training and technical assistance to subrecipient grantees	Training and technical support to grantees regarding compliance with fiscal reporting requirements of subrecipient contracts	72 trainings or technical assistance events offered to contract agencies	Number of trainings or technical assistance events offered to contracted agencies
Division of General Counsel (DGC)	Ensure contracts are submitted to the Central Procurement Office on or before deadlines	Timely submission of contracts	85% of agency contracts will be timely processed	Percentage of agency contracts submitted by deadline
	Ensure state representation for RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	State representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	100% state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	Percentage of state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department
	Ensure state representation at administrative proceedings governed by the Uniform Administrative Procedures Act (UAPA) – Tennessee Code Annotated Title 4, Chapter 5	State representation at administrative proceedings to resolve disputes between citizens, state employees, and governmental agencies	100% state representation at administrative proceedings	Percentage of state representation at administrative proceedings
Division of Substance Abuse Services (DSAS)	Contracted agencies will provide treatment services to intravenous drug users and will be monitored for compliance through DSAS' contract monitoring process	All contracted providers will provide treatment services to intravenous drug users	Increase the percentage of individuals who will disclose they are intravenous drug users from 43% to 44%	Percentage of individuals who disclosed that they are an intravenous drug user

Goal 2: Maintain and improve community mental health and substance abuse services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Substance Abuse Services (DSAS)	Use a standardized pre and post test to determine if Human Immunodeficiency Virus (HIV)/Early Intervention Services (EIS) services are effective	Evaluate the DSAS funded HIV/EIS services in Tennessee to determine the effectiveness of the program	Increase the success rate of the HIV/EIS program from 88% to 89%	Percentage of consumers enrolled in treatment and completed the pre- and post-test for HIV/EIS
	Use a standardized pre and post test to determine if Tuberculosis (TB) training is effective	Increase block grant treatment client's knowledge about the risk factors, symptoms and testing methods for TB	Increase client's knowledge from 71% to 75% about TB	Percentage of consumers enrolled in treatment and completed the pre- and post-test for TB
	Make available programs that serve individuals who have been convicted of a non-violent crime and have a substance use or co-occurring disorder	Provide diversion opportunities for individuals in the criminal justice system with a substance use or co-occurring disorder	Increase the number of offenders receiving diversion services from 8,974 to 9,300	Number of individuals receiving diversion services
	Certify new and recertify existing recovery courts utilizing the National Drug Court Ten Key Components	Ensure quality services are delivered through the recovery court system	Increase the number of recovery court certifications to 12	Number of drug courts certified and recertified
	Provide an array of recovery support services for adult and adolescent consumers to supplement their treatment and to increase their chances of long-term sobriety	Supplement treatment service with recovery support services	Increase the number of consumers who receive recovery support services from 7,600 to a total of 8,000	Number of consumers currently enrolled in both treatment and recovery services
	Certify recovery congregation/community organizations on the Tennessee Faith-Based Community Initiatives	Expand access to recovery support services through the faith community	Increase the number of faith-based recovery congregations by 49 for a total of 350	Number of faith-based congregations/organizations certified

Goal 2: Maintain and improve community mental health and substance abuse services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Substance Abuse Services (DSAS)	Provide informed care services to individuals who have disclosed experience with trauma	Treatment agencies will provide assurance that individuals who have experienced trauma are receiving trauma informed care services	Increase the number of individuals who receive trauma informed care services from 9,600 to a total of 10,000 individuals	Number of individuals who have been screened for trauma
*Noted in the 2018 Needs Assessment Summary	Establish new recovery homes statewide *	Expand self-supporting and drug free homes through Oxford House International for individuals in recovery	Increase the number of recovery homes by 12 for a total of 80	Number of new recovery homes

Goal 3: Provide effective education and prevention services				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Office of Forensics and Juvenile Court Services (OFJCS)	Provide training on standards and practices for certification for evaluators conducting court-ordered forensic mental health evaluations of criminal defendants ordered by Tennessee courts	Ensure that mental health professionals receive training for certification to conduct court-ordered forensic mental health evaluations by contracted community mental health agencies and the Regional Mental Health Institutes	Three Forensic Evaluator Training sessions will be offered each fiscal year	Number of Forensic Evaluator Training sessions

Goal 3: Provide effective education and prevention services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Mental Health Services (DMHS)	Collaborate with Statewide partners on Children's Mental Health Awareness Day to increase public awareness on children's mental health	Provide education to the public about children's mental health topics	Six articles will be published and spotlighted on kidcentraltn.com website annually	Number of articles published and spotlighted on kidcentraltn.com website annually
	Provide educational presentations to children and youth at risk of social, emotional, or behavioral disorders	Erase the Stigma (ETS) will promote an understanding of mental illness and reduce stigma of mental illness using educational presentations and public awareness campaigns	15,000 children and youth at risk of social, emotional, or behavioral disorders will be served through ETS	Number of children and youth at risk of social, emotional, or behavioral disorders served through ETS program
	Suicide prevention and post-vention training will be provided to individuals through Tennessee Suicide Prevention Network (TSPN)	Increase individuals awareness of suicide warning signs and risk factors	5,050 individuals will receive suicide prevention and post-vention training through TSPN	Number of individuals receiving suicide prevention and post-vention training through TSPN
	Mental Health 101 training will be provided to middle and high school students	Decrease stigma associated with mental health and substance abuse issues for middle and high school students	10,500 middle and high school students will receive Mental Health 101 training	Number of middle and high school students receiving Mental Health 101 training
	Implement the Zero Suicide framework within Tennessee's health and behavioral healthcare organizations	Reduce suicide deaths, improve service linkage and compliance with the recommended plan of care	25 agencies will embed the zero suicide framework within their organization	Number of agencies who embed the zero suicide framework within their organization

Goal 3: Provide effective education and prevention services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Mental Health Services (DMHS)	Provide suicide prevention education for school employees and students through the Jason Foundation *	Increase awareness and knowledge of suicide prevention for school employees and students	20,000 teachers will be trained and 280,000 students, parents and other interested adults will be impacted/reached by Project Tennessee through the Jason Foundation	Number of teachers trained and number of students, parents and other interested adults impacted/reached by Project Tennessee
	Provide early intervention and prevention screening to middle and high school students with consenting parents through Tennessee Voices for Children (TVC)	Identify potential mental health and/or alcohol and drug use concerns through screening of middle and high school students	750 of middle and high school students will receive early intervention and prevention screenings through Youth Screen through TVC	Number of middle and high school students provided with general and consent information on the School & Communities Youth Screen Program
	Increase the number of certified individuals for the Certified Family Support Specialist program *	Ensure a pool of qualified persons who can provide Certified Family Support Specialist services	10 individuals will become Certified Family Support Specialists	Number of individuals that become Certified Family Support Specialists
	Expand training opportunities for Certified Peer Recovery Specialists	Access to additional training opportunities in specialized subjects for Certified Peer Recovery Specialists	40 Certified Peer Recovery Specialists will receive enhanced training in a specialized subject matter	Number of Certified Peer Recovery Specialists who receive enhanced training in a specialized subject
	Expand training opportunities for supervisors of Certified Peer Recovery Specialists	Access to training opportunities for supervisors of Certified Peer Recovery Specialists	50 supervisors of Certified Peer Recovery Specialists will receive specialized supervision training	Number of supervisors for Certified Peer Recovery Specialists who receive supervision training
*Noted in the 2018 Needs Assessment Summary				

Goal 3: Provide effective education and prevention services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Substance Abuse Services (DSAS)	Provide online and regional face-to-face educational and training opportunities for prevention, treatment and recovery support professionals	Increase the knowledge of evidence-based programs and strategies for the prevention, treatment, and recovery support workforce	1,000 substance abuse professionals will receive training on prevention, treatment, and recovery support services	Number of substance abuse professionals receiving training
Office of Communications (OC)	Produce news releases, media advisories, and Departmental promotional materials	Increase the number of news releases, media advisories, and Departmental promotional materials distributed	Distribute 12 news releases, media advisories, and Departmental promotional materials	Number of news releases, media advisories, and Departmental promotional materials
	Produce and publish the *Update*, featuring Department and provider news	Produce four *Update* Department Newsletters and distribute through email and via the web	Produce four *Update* Department Newsletters	Number of *Update* newsletters produced
	Engage with the public, providers, and staff through social media posts	Provide education, awareness, and prevention information through Facebook postings	250 Facebook postings	Number of Facebook postings per year
	Distribute emails with current behavioral health news	Email summaries on current news, research, and trends to Department staff and providers	225 email summaries will be sent	Number of email summaries
	Provide the public online resources for mental health and substance abuse services, programs, and initiatives via our website	Promote prevention, early intervention, treatment, habilitation, and recovery support services via the web	280,000 unique web page visitors	Number of unique web page visitors

Goal 3: Provide effective education and prevention services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Clinical Leadership (DCL)	Provide mental health and suicide prevention information to veterans	Increase veterans awareness of mental health and suicide prevention	200 veterans will receive mental health suicide prevention information	Number of veterans who receive mental health and suicide prevention information
	Develop and implement suicide prevention plans and activities in the faith communities	Prevent suicide in the faith communities	16 community faith leaders will develop and implement suicide prevention plans and activities	Number of faith communities who develop and implement suicide statements for suicide prevention plans/activities
	Ongoing implementation of Therapeutic Intervention, Education, and Skills (TIES)	Through TIES, serve families with at least one caregiver with a substance abuse issue and with children at-risk of being placed in state custody	80% or more children have successfully remained in their homes with at least one caregiver with a substance abuse issue	Percentage of TIES children that have been safely and successfully maintained in their homes
	Monitor opioid treatment programs to improve quality of care	Enhance patient care, safety and improve patient outcomes in opioid treatment programs	Two monitoring visits per year will be conducted on opioid treatment programs	Number of monitoring visits to opioid treatment programs in compliance with standards

Goal 4: Lead in partnership with state agencies and community partners to prevent and treat prescription drug abuse epidemic in Tennessee.				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Office of Research	Provide information about prescription drug use, abuse, and dependence to interdepartmental groups including the State Epidemiological Outcomes Workgroup (SEOW)	Analyze and share data among state agencies to identify current and emerging prescription drug use, abuse, and dependence trends in Tennessee	Four interdepartmental data briefs on substance use will be shared with other agencies	Number of interdepartmental data briefs on substance use, abuse, and dependence disseminated to other agencies

Goal 4: Lead in partnership with state agencies and community partners to prevent and treat prescription drug abuse epidemic in Tennessee (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Substance Abuse Services (DSAS)	Community anti-drug coalitions will address prescription drug abuse in their community and develop comprehensive community plans to address these issues	Increase awareness to the dangers of the prescription drug abuse through public education, decreased access, and media campaigns	Increase the number of community-based coalitions from 41 to 44	Number of community-based coalitions
	Increase the number of adult recovery courts	Expand access to adult recovery courts across Tennessee with emphasis on treating prescription drug addiction	Increase the number of recovery courts by one for a total of 63	Number of adult recovery courts
	Establish evidence-based addiction and recovery programs; i.e. Narcotics Anonymous (NA) and Alcoholics Anonymous (AA)	Increase the number of recovery group meetings in the community	Increase the number of recovery meetings by 30 for a total of 417	Number of recovery meetings

Reporting: Division of Hospital Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY18: July 2017 – June 2018)	KPI Target (FY19: July 2018 – June 2019)	February Report (July 2018 – Dec. 2018)	August Report (Jan. 2019 – June 2019)	Explanation (if applicable)
Number of RMHI referrals subject to delayed admission	Number	606	< 1,000			
Percentage of readmits to the same RMHI within 30 days of discharge	Percentage	7.72%	9.5%			
Percentage of patient satisfaction surveys with positive responses to resolution of complaints & grievances	Percentage	86.3%	86.5%			
Number of discharges from subacute units across all RMHIs	Number	323	300			
Number of AMDC implemented statewide at the RMHIs	Number	15	23			
Number of ECR implemented statewide at the RMHIs	Number	2	4			
Number of uninsured discharges from three contracted private hospitals	Number	3,502	3,000			

Reporting: Office of Forensics and Juvenile Court Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY18: July 2017 – June 2018)	KPI Target (FY19: July 2018 – June 2019)	February Report (July 2018 – Dec. 2018)	August Report (Jan. 2019 – June 2019)	Explanation (if applicable)
Percentage of all inpatient defendants admitted to the Forensic Services Program for inpatient forensic evaluation and treatment	Percentage	11%	20%			
Percentage of outpatient forensic evaluations completed in the community without a referral for inpatient forensic services	Percentage	76%	77%			
Number of screenings conducted in Juvenile Courts statewide	Number	1,177	1,200			
Number of Forensic Evaluator Training sessions	Number	3	3			

Reporting: Office of Research

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY18: July 2017 – June 2018)	KPI Target (FY19: July 2018 – June 2019)	February Report (July 2018 – Dec. 2018)	August Report (Jan. 2019 – June 2019)	Explanation (if applicable)
Number of State Hospital Readmission (SHR) Reports submitted to the Substance Abuse and Mental Health Services Administration by March 1	Number	1	1			
Number of dashboards generated for DHS	Number	8	8			
Number of automated reports for federal Mental Health Block Grant reporting	Number	1	1			
Number of program evaluations completed	Number	3	3			
Number of data reports submitted to SAMHSA	Number	2	2			
Number of data books and dashboards accessible on the Department's website	Number	16	16			
Number of interdepartmental data briefs	Number	4	4			

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY18: July 2017 – June 2018)	KPI Target (FY19: July 2018 – June 2019)	February Report (July 2018 – Dec. 2018)	August Report (Jan. 2019 – June 2019)	Explanation (if applicable)
Number of quarterly conference calls with the Regional Council Leadership Teams	Number	4	4			
Number of statewide needs assessments per year	Number	1	1			
Number of Regional Councils mental health and substance awareness activities per year	Number	1	1			
Number of meetings held with divisions/offices per year prior to the Three-Year Plan Report due dates	Number	2	2			
Number of senior and child member representatives on each Regional Council	Number	1	1			
Number of consumer and family member representatives on each Regional Council	Number	1	1			
Percentage of rules filed to update Tennessee's controlled substance schedules I, II, III, IV, and V	Percentage	100%	100%			
Percentage of the Department's executive leadership team members, division leaders, and RMHI chief officers who receive the Legislative Summary	Percentage	100%	100%			

Reporting: Division of Mental Health Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY18: July 2017 – June 2018)	KPI Target (FY19: July 2018 – June 2019)	February Report (July 2018 – Dec. 2018)	August Report (Jan. 2019 – June 2019)	Explanation (if applicable)
Number of individuals served by the Tennessee Move Initiative *	Number	63	75			
Number of individuals with SMI and/or CODs served in the public mental health system	Number	367,044	360,000			
Number of new or improved housing or supported living opportunities available through Creating Homes Initiative (CHI) *	Number	1,657	1,400			
Number of homeless veterans, chronically homeless, and/or homeless families moved into permanent housing *	Number	459	375			
Number of individuals will receiving short-term financial housing support (CTTS and ITTS) as reported in the SAMHSA Homeless Management Information System	Number	4,532	4,000			

*Noted in the 2018 Needs Assessment Summary

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY18: July 2017 – June 2018)	KPI Target (FY19: July 2018 – June 2019)	February Report (July 2018 – Dec. 2018)	August Report (Jan. 2019 – June 2019)	Explanation (if applicable)
Number of individuals being served in housing facilities receiving long-term financial support programs (CSH, ILS, EA, and SL)	Number	1,636	1,300			
Number of contacts linked to the following services: phone calls, mobile crisis, walk-in center, crisis respite, crisis stabilization until, East TN Diversionary Services	Number	223,639	215,000			
Number of individuals enhanced follow-up services following a suicidal crisis	Number	466	550			
Number of uninsured adults served by the Behavioral Health Safety Net of TN (BHSNTN)	Number	32,283	31,000			
Number of individuals receiving peer support services at Crisis Stabilization Units (CSU) and Regional Mental Health Institutes (RMHIs)*	Number	7,758	7,000			
Number of individuals served through self-management workshops or one-on-one peer wellness coaching delivered by state-funded Peer Wellness Coaches	Number	723	1,000			

*Noted in the 2018 Needs Assessment Summary

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY18: July 2017 – June 2018)	KPI Target (FY19: July 2018 – June 2019)	February Report (July 2018 – Dec. 2018)	August Report (Jan. 2019 – June 2019)	Explanation (if applicable)
Percentage of individuals served through Individual Placement and Support Supported Employment initiative who are employed in competitive and integrated work for at least one day	Percentage	46%	42%			
Number of youth and young adults with, or at risk of developing Severe Mental Illness (SMI), Seriously Emotionally Disturbed (SED), or Co-Occurring Disorder (COD) served by Healthy Transitions program	Number	54	20			
Number of youth and young adults who have experienced first episode psychosis served by the First Episode Psychosis Initiative (FEPI) program	Number	70	50			
Number of individuals who self-report an increase in their physical behaviors including healthy eating and physical activity	Number	368	450			

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY18: July 2017 – June 2018)	KPI Target (FY19: July 2018 – June 2019)	February Report (July 2018 – Dec. 2018)	August Report (Jan. 2019 – June 2019)	Explanation (if applicable)
Number of articles published and spotlighted on kidcentraltn.com website annually	Number	10	6			
Number of children and youth at risk of social, emotional, or behavioral disorders served through the Erase the Stigma program	Number	17,345	15,000			
Number of individuals receiving suicide prevention and post-vention training by Tennessee Suicide Prevention Network (TSPN)	Number	16,288	5,050			
Number of middle and high school students receiving Mental Health 101 training	Number	32,341	10,500			
Number of agencies who embed the Zero Suicide framework within their organization	Number	46	25			

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY18: July 2017 – June 2018)	KPI Target (FY19: July 2018 – June 2019)	February Report (July 2018 – Dec. 2018)	August Report (Jan. 2019 – June 2019)	Explanation (if applicable)
Number of teachers trained and number of students, parents and other interested adults impacted/reached by Project Tennessee *	Number	283,847	300,000			
Number of middle and high school students provided with general and consent information on the School & Communities Youth Screen Program	Number	6,360	750			
Number of individuals that become Certified Family Support Specialists*	Number	15	10			
Number of Certified Peer Recovery Specialists who receive enhanced training in a specialized subject	Number	66	40			
Number of supervisors for Certified Peer Recovery Specialists who receive supervision training	Number	50	50			

*Noted in the 2018 Needs Assessment Summary

Reporting: Division of Administrative and Regulatory Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY18: July 2017 – June 2018)	KPI Target (FY19: July 2018 – June 2019)	February Report (July 2018 – Dec. 2018)	August Report (Jan. 2019 – June 2019)	Explanation (if applicable)
Number of licensing oversight visits for mental health and substance abuse programs	Number	1,950	2,000			
Number of individuals referred for placement on Department of Health (DOH) Abuse Registry	Number	1	2			
Number of licensure rules proposed for amendment	Number	1	2			
Percentage of licensure surveyors participating in training	Percentage	90%	100%			
Percentage of subrecipient agencies on department plan monitored	Percentage	100%	100%			
Number of trainings or technical assistance events offered to contracted agencies	Number	2	3			Trainings or technical assistance events offered to contracted agencies: 3 for FY18, 4 for FY19, and individual 6 per month for a total of 72.

Reporting: Division of General Counsel

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY18: July 2017 – June 2018)	KPI Target (FY19: July 2018 – June 2019)	February Report (July 2018 – Dec. 2018)	August Report (Jan. 2019 – June 2019)	Explanation (if applicable)
Percentage of agency contracts submitted by deadline	Percentage	85%	85%			
Percentage of state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	Percentage	100%	100%			
Percentage of state representation at administrative proceedings	Percentage	100%	100%			

Reporting: Division of Substance Abuse Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY18: July 2017 – June 2018)	KPI Target (FY19: July 2018 – June 2019)	February Report (July 2018 – Dec. 2018)	August Report (Jan. 2019 – June 2019)	Explanation (if applicable)
Percentage of individuals who disclosed that they were an intravenous drug user	Percentage	43%	44%			
Percentage of consumers enrolled in treatment and completed the pre- and post-test for HIV/EIS	Percentage	88%	89%			
Percentage of consumers enrolled in treatment and completed the pre- and post-test for TB	Percentage	71%	75%			
Number of individuals receiving diversion services	Number	8,974	9,300			
Number of drug courts certified and recertified	Number	12	12			
Number of consumers currently enrolled in both treatment and recovery services	Number	7,600	8,000			
Number of faith-based congregations and organizations certified	Number	301	350			

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY18: July 2017 – June 2018)	KPI Target (FY19: July 2018 – June 2019)	February Report (July 2018 – Dec. 2018)	August Report (Jan. 2019 – June 2019)	Explanation (if applicable)
Number of individuals who have been screened for trauma	Number	9,600	10,000			
Number of new recovery homes *	Number	68	80			
Number of substance abuse professionals receiving training	Number	1,000	1,000			
Number of community-based coalitions	Number	41	44			
Number of adult recovery courts	Number	62	63			
Number of recovery meetings	Number	387	417			

*Noted in the 2018 Needs Assessment Summary

Reporting: Office of Communications

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY18: July 2017 – June 2018)	KPI Target (FY19: July 2018 – June 2019)	February Report (July 2018 – Dec. 2018)	August Report (Jan. 2019 – June 2019)	Explanation (if applicable)
Number of news releases and media advisories distributed	Number	12	12			
Number of *Update* newsletters produced	Number	4	4			
Number of Facebook postings per year	Number	250	250			
Number of email summaries	Number	225	225			
Number of website page views	Number	281,529	280,000			

Reporting: Division of Clinical Leadership

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY18: July 2017 – June 2018)	KPI Target (FY18: July 2018 – June 2019)	February Report (July 2018 – Dec. 2018)	August Report (Jan. 2019 – June 2019)	Explanation (if applicable)
Number of veterans who receive mental health and suicide prevention information	Number	125	200			
Number of faith communities who develop and implement suicide statements for suicide prevention plans/activities	Number	12	16			
Percentage of TIES children that have been safely and successfully maintained in their homes	Percentage	0%	0%			The grant ended and we are now on no cost extension
Number of monitoring visits to opioid treatment programs in compliance with standards	Number	2	2			